



TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

02-077

**TO:** All Local Agencies

**FROM:** Linda Brumble, Division Director [original signed]  
Training and Technical Assistance  
Bureau of Nutrition Services

**DATE:** July 16, 2002

**SUBJECT:** Peer Counselor Program Survey

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If you have a Peer Counselor Program, or if you had one at anytime during FY2001 or FY2002, we need your assistance in completing our mid-year reports to USDA. Please complete the attached Peer Counselor Program Survey and return it to the State Agency by July 31, 2002. If you have any questions, please contact Jewell Stremler, Peer Counselor Coordinator at 512-341-4400 ext. 2303# or [Jewell.Stremler@tdh.state.tx.us](mailto:Jewell.Stremler@tdh.state.tx.us).



# Peer Counselor Program Survey

## July, 2002

Local Agency Name: \_\_\_\_\_ Local Agency Number \_\_\_\_\_  
WIC Director: \_\_\_\_\_ Breastfeeding Coordinator \_\_\_\_\_  
Phone# \_\_\_\_\_ Phone # \_\_\_\_\_  
Peer Counselor Coordinator: \_\_\_\_\_ Phone # \_\_\_\_\_

1. Number of peer counselors currently working at LA: \_\_\_\_\_
2. Year your agency began your Peer Counselor Program: \_\_\_\_\_ Total number of peer counselors trained since your agency first started your peer counselor program: \_\_\_\_\_  
Total number trained during FY2001 (between Oct. 1, 2000 and Sept. 30, 2001)? \_\_\_\_\_  
Total number trained to date in FY2002 (Oct. 1, 2001 to present)? \_\_\_\_\_

If anyone besides PCs attend your PC training in FY2001 or FY2002, please indicate how many:  
WIC clerks \_\_\_\_\_ WIC nutritionists \_\_\_\_\_ WIC nurses \_\_\_\_\_  
Hospital nurses \_\_\_\_\_ other (specify) \_\_\_\_\_

3. Do you have any full-time peer counselor positions? \_\_\_\_\_ If so, how many? \_\_\_\_\_
4. Do you have any full-time positions that include peer counselor duties and other duties? \_\_\_\_\_  
If so, how many? \_\_\_\_\_ How many hours per month are peer counselor duties performed in these positions? \_\_\_\_\_ What kind of duties are combined in the job description? Please explain. \_\_\_\_\_

5. Combined total number of hours per month worked by all counselors? \_\_\_\_\_  
Include only hours spent on peer counselor duties. (For example, 10 peer counselors x 4 hours per week x 4 weeks per month = 160 hours per month). Please include hours worked by peer counselors referenced in 3 and 4 above in this total.

6. Number of peer counselors when fully staffed: \_\_\_\_\_

7. Since you started your Peer Counselor Program, have any peer counselors been hired in any regular staff positions? \_\_\_\_\_

If yes:

Number hired \_\_\_\_\_ (please include all peer counselors you have hired in staff positions, even if they are not currently employed)

Titles of positions \_\_\_\_\_

Number of PCs currently employed in other positions \_\_\_\_\_

8. Do you have a lactation consultant, on staff or contract, to augment the services of your peer

counselors?\_\_\_\_\_ If so, name of lactation consultant\_\_\_\_\_

If not, who provides back-up support for your peer counselors when breastfeeding mothers and babies have problems beyond the counselor's expertise? \_\_\_\_\_

### **Funding Information:**

9. Approximately how much did your agency spend on your peer counselor program in addition to your operational adjustment (OA)allocation in FY2001? Or, if you did not receive OA funding, what was the cost of your peer counselor program? \_\_\_\_\_

**Note: Please do not put the amount of your entire breastfeeding expenditure in response to question number 9. Enter only the amount spent on peer counselor training and salaries not covered by OA funding.**

### **Hospital Information:**

10. If peer counselors are visiting moms in the hospital, please answer the following questions:

Name and address of hospital(s):

If more space is needed, please add a page to list additional hospitals.

Name:\_\_\_\_\_

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Address:\_\_\_\_\_

Contact:\_\_\_\_\_

Contact:\_\_\_\_\_

What arrangements have been made with the hospital to allow the peer counselors to work there?

Who supervises the peer counselors in the hospital?

Has the hospital placed any restrictions on the peer counselors?

Do the peer counselors work only with WIC mothers, or with all postpartum mothers who need or request breastfeeding assistance?

Please mail or FAX or email this survey to:  
Attn: Jewell Stremmer, Peer Counselor Coordinator,  
Texas Department of Health, Bureau of Nutrition Services,  
1100 W. 49<sup>th</sup> St. Austin, Texas 78656  
(512)341-4400  
FAX (512) 341-4422  
Jewell.Stremmer@tdh.state.tx.us  
by July 31, 2002